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| POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM | Patent Number: | | 7,326,571 | |
| | Issue Date: | | February 5, 2008 | |
| | Application Number: | | 10/622,674 | |
| | Filing Date: | | July 17, 2003 | |
| | First Named Inventor: | | Toby FREYMAN | |
| | Attorney Docket Number: | | BSX:322US | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

OR

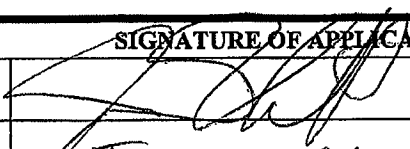
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| <input type="checkbox"/> Firm or Individual Name | | | | |
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

| | | | |
|-------------------|---|-----------|--------------|
| Signature |  | | |
| Name | James Chiapetta | | |
| Title and Company | BOSTON SCIENTIFIC SCIMED, INC. | Telephone | 763-494-2509 |
| Date | September 17, 2008 | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.